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Teleradiology in the UK: friend or foe? A radiologist's perspective

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When I was offered a post from a teleradiology company in the UK in 2010, I had been at my radiology practice as a consultant for 15 years. I initially felt a bit apprehensive to take on a new role as an experienced radiologist. Then I began to feel the overwhelming beauty of the flexibility; I was told of the freedom of a so-called cold (routine) reporting for the company. Then they mentioned out of hours (OOH) for "night owls." They allowed me to take on both.

The company's headquarters are in an industrial area equipped with a high-power IT support main terminal. They provide workstations for your home that are connected with an encrypted virtual private network to your home monitors or on site. What you need to do next is essentially what you do at your workplace, just reporting whatever is allocated to your name.

The vast majority of UK radiologists who do home reporting have substantial posts in the National Health Service (NHS). Remote reporting (teleradiology) would seem to be a lifesaver, particularly for radiologists who have little share from the private practice. It is a kind of extended NHS practice but more nationwide. Multiple NHS trusts outsource their on-call duties and wish to clear their routine backlogs. However, there is a nationwide radiologist shortage, with a reported 10.3% of unfilled radiologist consultant posts, according to the Royal College of Radiologists (RCR) census report in 2017 (1). This shortage puts patient care at risk (2).

The catchment areas of teleradiology companies are fairly wide, depending on their contracts through the NHS Trusts; they employ their radiologists according to the RCR position statement of 2015, which states that all doctors should be registered and hold a current license to practice with the General Medical Council (GMC) and are subject to appraisal and revalidation wherever they are based (3). Remote reporting, in fact, is a tough practice in terms of unsociable hours and vigorous interrogation over your reports, 10% of which are interrogated by random selection by in-house auditors. The rules are tighter than that of the NHS practice and your reports are interrogated by merciless in-house auditors. In addition, you would receive feedback from the so-called client end through the company; they may be harsh, as they do not know you and in some instances do not care about you, no matter how wonderful a physician you are. They would be more merciful and forgiving with their close colleagues, as they interact with each other face-to-face every day and, more importantly, they may work together in private practice hospitals.

However, the beauty of remote reporting would be beneficial in terms of expanding and enhancing your practice in a particular field, and—to some extent—you are allowed to do "cherry picking"-type reporting. If you feel a particular scan is beyond your expertise or is a one-off case, you can either ask for it to be allocated to somebody else or get a free second opinion before submitting your report to the system. For cold reporting, you need to pick up the phone and ask for a number of scans with a deadline (e.g. 1–2 days). If you have expertise in a subspecialty, you are expected to do some routine reporting in your subspecialty area, but you also can get involved in general radiology reporting. There are some pros and cons about teleradiology reporting (Table 1). The most financially lucrative teleradiology reporting type is OOH reporting, which starts at 20:00 and finishes at 08:00 on weekdays; the same rules apply on weekends, but depending on the client's needs, an extra afternoon OOH cover would also be possible.

OOH duties almost always split night shifts (6 h), while other teleradiology providers can have 4-h shifts. Obviously, you can earn more if you predominantly do OOH reporting. If you are a relatively agile radiologist with some time constraints and would like to report from home to earn some extra money to pay off your

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Table 1. Pros and cons of teleradiology reporting.

	X-ray reporting	Cross-sectional reporting (CT +occasional MRI)	Subspecialty reporting	Unsociable hours	Bad impact the next day
OOH (out of hours)	Usually none (excluding nasogastric tube insertion check X-rays)	Yes	Hardly any	Yes	Yes
Cold (routine) reporting	Yes	Yes	Yes	No	No

mortgage a bit earlier than scheduled or to get some extra income for your family, OOH reporting would be an ideal solution. I have colleagues with children and they are happy to earn some extra income from the comfort of their home; however, most do not wish to get involved, especially those who have infants or young children.

Another fascinating activity is the discrepancy meetings, which vary from one provider to another. I participate in 4–5 meetings per annum through my company. They include not only case discrepancy discussion but also some updates in various radiology subjects. You can receive at least three Continuous Medical Education points per meeting; moreover, you feel up-to-date and rewarded. You can present a topic at the meeting if you wish to do so.

When it comes to cons, you are distant from the patients as well as the requesting physicians. There is relatively little communication with the senior specialists. Although the vast majority of the cases are straightforward, such as head trauma computed tomography (CT) scans, full body trauma CT scans, CT aorta and CT pulmonary angiograph examinations, CT abdomen to exclude appendicitis, occasional hip CT scans, CT scanning of the kidney, ureters, and urinary bladder, some of the requests would be complicated and can be beyond the expertise of the general radiologists; thankfully, NHS Trusts are compliant and vigilant about what to send to teleradiology companies. As a reporting radiologist, you are more prone to make mistakes, especially in the middle of the night (e.g. from 02:00 to 08:00), the so-called second shift. To come around that issue, a good rest before taking on the session would be a good idea, e.g. start your rest earlier than usual, e.g. go to sleep at 20:00–21:00. For the first half of the shift, you have a gap of at least 4–5 h before beginning duty. If you have a long day commitment with your current Trust, then you should not be on duty on the same day; instead, you can either take on your time out of the Trust the next day or at the weekend. If you are not compliant with the aforementioned warnings, then you put yourself and the patients' health at risk, just like drink-driving.

Teleradiology is a challenging and relatively lucrative practice along the main radiologists' job and is a friend, not a foe. Despite its nature of scrutinized interrogation and unsociable work pattern, it will be a close ally to the NHS during this shortage of radiologists and helpful with the timely care of patients. In addition, it would help radiologists improve their knowledge in their subspecialty field.

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